


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90097 036 ***158.75

DOCUMENT # L25069	
1. Entity Name FLY TODAY, INC.	

Principal Place of Business % N. JAMES DEMOS 824 SE 5 COURT FORT LAUDERDALE, FL 33301	Mailing Address % N. JAMES DEMOS 824 SE 5 COURT FORT LAUDERDALE, FL 33301
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40023011

2. Principal Place of Business % Louis M. Rabin Suite, Apt. #, etc. 7751 SW 128th ST City & State MIAMI FLORIDA Zip 33156 Country USA	3. Mailing Address % Louis M. Rabin Suite, Apt. #, etc. 7751 SW 128th ST City & State MIAMI FLORIDA Zip 33156 Country USA
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02102006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0165798	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEMOS, N. JAMES 824 SE 5 COURT FORT LAUDERDALE, FL 33301	
7. Name and Address of New Registered Agent Name Louis M. Rabin Street Address (P.O. Box Number is Not Acceptable) 7751 SW 128th Street City MIAMI FL Zip Code 33156	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *X Louis M Rabin* DATE 2/10/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RABIN, LOUIS M. 8510 SW 102 AVE MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, S, T Linda B. Rabin 7751 SW 128 th ST MIAMI FL 33156 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DEMOS, N. JAMES 824 SE 5 COURT FORT LAUDERDALE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Louis M Rabin* President/Louis M. Rabin 2/10/06 305/251-2523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #